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APPLICANTS

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** CONTINUING DATA *[Signature]*** FOREIGN APPLICATIONS *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/05/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

27581

TITLE

Deflectable medical therapy delivery device having common lumen profile *[Signature]*

FILING FEE RECEIVED 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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